

BUDGET INSTRUCTIONS

Budget Forms:

There are two versions of the Budget Forms. The version in this RFP is a Word Document. The instructions below correspond to the Word Document. Also available as a separate attachment is an Excel Spreadsheet. You are encouraged to use the Excel Spreadsheet. If you use the Word document, you must ensure that your numbers add up correctly and match the totals on the Budget Summary.

Word Document:

Page 1 – Budget Summary: Complete pages 2 through 5 first, then fill in the subtotal amounts in the corresponding rows in the column labeled “Requested from VDSS”. Fill in the Match amounts from page 6 into the column labeled “Total Match Amount”. Add the columns together to calculate the “Total Project Budget”.

Page 2- Itemized Budget for Salaries: This form details what staff will be funded through this grant and their job responsibilities as they relate to administration and prevention efforts.

Grant Period: Please indicate the length of the grant that you are applying for. For example, if the grant begins in July 2006 and only lasts one year, the grant period would be July1, 2006 to June 30, 2007.

Grantee Name: Specify the name of your program.

Staff Positions: In this column, list all staff positions, to be financed with awarded grant funds. Examples of staff positions would be Shelter Manager or Court Advocate.

Hours Per Week: Indicate the total number of hours per week each position will work. This includes time that will not be funded by VDSS. For example, if the Shelter Manager is full-time but will only be funded by VDSS for 20 hours a week, the total hours per week for this position would be 40.

% of Time on Project: Calculate the percentage of time that will be spent by each staff position performing the duties and services applicable to this project. For example, if a full-time domestic violence advocate devotes one half of the work week to the VDSS project, then the % of time on the project is 50%.

% of time on Administrative Functions: Of the time on the project indicate the % of time this position will spend performing administrative responsibilities.

% of Time on Prevention Planning and Activities: Of the of time on the project indicate the % of time this position will spend planning, preparing, and performing prevention efforts.

Annual Salary: Specify the total gross yearly salary for each staff position.

Amount Requested from VDSS: This amount requires a calculation of the Annual Salary multiplied by the % of time on the project. For example, a staff person making \$20,000 and working 60% of their time on the VDSS funded project would be eligible to receive \$12,000.

Total Salaries Requested from VDSS: The sum of the amounts requested for each staff position.

Page 3- Itemized Budget for Employee Benefits: This sheet details the benefits offered to employees of your program.

Staff Position Number: Identify which staff positions you are requesting funding for the employee benefits in the first column (from pg. 2 of Itemized Budget).

% or Rate: Indicate the rate or other bases for determining the cost which your program will pay

Annual Cost: Enter the cost for all staff positions listed.

Amount Requested from VDSS: VDSS will pay a pro-rated amount based on the % of time on the project for each position.

Total Annual Cost: Sum of the amounts listed per staff.

Total Amount Requested from VDSS: Sum of the amounts listed per staff.

Pages 4 & 5- Itemized Budget- Other Proposed Expenses

Description of Proposed Expenditures: For each line item describe how DSS funds will be used in that category to support project related activities. Be sure to include any rates or formulas needed to calculate projected costs.

Example: Printing 500 copies of a new brochure. The cost per item is .39.
The cost of 500 (brochures) x .39 (each copy) = \$195.00.

Proposed DSS Funds: Each section is divided into a category header (bold) and sub categories. Each **bold** line item category should contain the sum of the sub categories. Indicate the amount needed for each sub category.

Example: **Rent & Utilities** = 4,000.00

Rent = 3,000.00

Utilities = 500.00

Phone = 500.00

Subtotal For This Page: Sum of the amounts indicated for each category listed on this page.

Total Amount Requested from DSS: Sum of the subtotals from pages 2 - 5.

Page 6 – Match: This sheet lists the Matching funds to support the project. A 20% cash or in-kind match from non-federal sources is required from all existing programs. A 35% match is required of new programs.

Match funds for this grant cannot be used as match for any other funding source.

A 20 % match can be calculated by dividing the amount of the request by .80 and subtracting the amount requested from the figure obtained. For example, a budget request of \$100,000 would be divided by .80, which equals \$125,000. Then subtract \$100,000 from \$125,000. The difference of \$25,000 is the 20% match.

Budget Narrative:

A Budget Narrative must accompany your Budget Forms. The Narrative shall follow the line items of the Budget Forms. This is a separate document from the Budget Forms.

For each line item requested, please provide a complete explanation and justification of the proposed expense. For example, if you are requesting Printing costs, justify the request by explaining what will be printed, to whom it will be distributed, in what quantity, and the per piece cost. Be as specific as you can be.

Assume that the grant review committee is unfamiliar with domestic violence programs. Give them as much information as possible about what you will be doing with the funds requested. Unjustified expenses may not be funded.

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS			
GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____			
BUDGET CATEGORY	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT	TOTAL PROJECT BUDGET
SALARIES		-	-
EMP. BENEFITS		-	-
POSTAGE		-	-
RENT & UTILITIES		-	-
EQUIPMENT		-	-
PRINTING		-	-
CONSUMABLE SUPPLIES		-	-
TRAVEL		-	-
OTHER (Total)		-	-
		-	-
TOTAL REQUESTED FROM DSS		\$ -	\$ -
* Awarded funds cannot be used to supplant existing funds.			

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

GRANT PERIOD: FROM ___/___/___ TO ___/___/___ GRANTEE NAME: _____

SALARIES	Hours Per Week	% of Time on Project	% of Time on Administrative Functions	% of Time on Prevention Planning and Activities	Annual Salary	Amount Requested from VDSS
STAFF POSITION						
1		0%		-	-	
2		0%		-	-	
3		0%		-	-	-
4		0%		-	-	-
5		0%		-	-	-
6						
7						
8						
9						
10						
TOTAL SALARIES Requested from VDSS					\$	\$

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

Employee Benefits				
Employee Benefits	Staff Position #	% or Rate	Annual Cost	TOTAL BENEFITS Requested from VDSS
FICA				-
PENSION/RETIREMENT				-
HEALTH INSURANCE				-
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL BENEFITS Requested from VDSS				\$ -

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES		
GRANT PERIOD: FROM ____ / ____ / ____ TO ____ / ____ / ____ GRANTEE NAME: _____		
LINE ITEM	DESCRIPTION OF PROPOSED EXPENDITURES (include rate or formula)	PROPOSED DSS FUNDS
POSTAGE		0
Administrative		
Program		
RENT & UTILITIES		0
Rent		
Utilities		
Telephone		
EQUIPMENT		0
Equipment Purchase		
Equipment Rental		
PRINTING		0
Administrative		
Program		
CONSUMABLE SUPPLIES		0
Office		
Program		
Subtotal For This Page		\$ -

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES		
GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____		
LINE ITEM	DESCRIPTION OF PROPOSED EXPENDITURES (include rate or formula)	PROPOSED DSS FUNDS
TRAVEL		0
Administrative		
Program		
OTHER TOTAL (Should match		0
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Subtotal For This Page		
TOTAL AMOUNT REQUESTED FROM DSS: (Should match the total at the bottom of page 1)		\$ -

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT

ITEMIZED BUDGET - MATCH DOCUMENTATION					
GRANT PERIOD: FROM ___/___/___ TO ___/___/___ GRANTEE NAME: _____					
BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH
Salaries					
Employee Benefits					
Postage					
Rent and Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Total Amount Supplied by Match					\$

DOMESTIC VIOLENCE PREVENTION & SERVICES GRANT
